(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL007019 05/31/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 WEST 2ND STREET WASHINGTON MANOR** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This Report is of a Biennial Construction Survey done by Bob Getchell on May 31, 2016. This Facility was first licensed or submitted for licensure as a Home for the Aged serving nine ambulatory residents on or about November 1. 1964. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds; and, the 1967 North Carolina State Building Code Section 516-Group D- Institutional Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction. C 126 C 126 Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by: 1. Based on observation, bedroom windows were not maintained operable by having bedroom windows that are stuck or difficult to open. This would affect the residents by not allowing free egress in an emergency.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

DIVISION	Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED			
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TAG			TAG			57112	
				,			
C 126	Continued From pa	ige 1	C 126				
	•						
	Findings from May						
	<ul> <li>a. All the bedroom</li> </ul>	ns windows are painted shut					
	and difficult to open	1.					
C 164	Housekeeping and Furnishings-Clean, Repaired		C 164				
0 10 1	Housekeeping and Furnishings-Clean, Nepalled		0 101				
	SECTION .0300 - F	DUVCICAL DI ANT					
		06 HOUSEKEEPING AND					
	FURNISHINGS						
	<ul><li>(a) Adult care homes shall:</li><li>(1) have walls, ceilings, and floors or floor</li></ul>						
	• .	in and in good repair;					
	(2) have no chronic						
	(3) have furniture of	clean and in good repair;					
		apply to new and existing					
	facilities.	11 7					
	This Rule is not me	et as evidenced by:					
	This Rule is not met as evidenced by:  1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition.						
	in good condition.						
	Eindings from Marc	31 2016:					
	Findings from May						
		furniture with handles					
	loose/missing on th	e drawers.					
C 189	<b>Building Equipment</b>	Maintained Safe, Operating	C 189				
	- , ,						
	<b>SECTION .0300 - F</b>	PHYSICAL PLANT					
	10A NCAC 13F .03						
	REQUIREMENTS	-					
		nd all fire safety, electrical,					
		umbing equipment in an adult					
		maintained in a safe and					
	operating condition						
		apply to new and existing					
		cception of Paragraph (e)					
	which shall not app	ly to existing facilities.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TEICATION NUMBER:		(X3) DATE SURVEY COMPLETED	
ANDILAN	O. SOMEOTION	DENTI TO A TOTAL NOTICE IX.	A. BUILDING:	01	JOIVIE	
		HAL007019	B. WING		05/3	1/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE			
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(X5)
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TAG			TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DATE	
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C 189	Continued From pa	ge 2	C 189			
	This Rule is not me	et as evidenced by:				
		vation, the facility components				
		d operable by having doors				
	that did not close completely and latch.					
	F: I: 6 NA 04 0040					
	Findings from May The following doors					
	<ul><li>a) Bedroom 2 door won't close and latch,</li><li>b) The front right exit door has a door knob that</li></ul>					
		pefore it can be turned to exit				
		is not single motion.				
	and community, minor to her enight motion.					
	2. Based on observation, the building electrical					
		intained to keep the facility				
		g a coverplate on a duplex				
		affect all residents by				
	potentially exposing them to an electrical shock hazard.					
	nazara.					
	Findings from May	31, 2016:				
		freezer outlet is missing the				
	coverplate.	_				
	0 0					
		vation, kitchen equipment was				
	not maintained safe	запо орегаріе.				
	Findings from May	31 2016 <sup>.</sup>				
		nood is missing light bulbs.				
	3.5	3 3 3 3 3 3 3				
		vation, the building exit				
		ency illumination were not				
		e manner. This would affect				
	-	keeping the exits visible in an				
	emergency.					
	Findings on May 31	2016:				
		re not working in the following				

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locations:
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DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL007019	B. WING		05/3	1/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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WASHIN	GTON MANOR		TON, NC 27			
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C 189	Continued From page 3		C 189			
	<ul> <li>a) Emergency light on left corridor not working on battery backup,</li> <li>b) Emergency light on right corridor not working on battery backup.</li> </ul>					
	5. Based on observation, laundry exhaust was not maintained safe and operable.					
	Findings on May 31 The backdraft dampexhaust duct is broken	per on the clothes dryer				
	6. Based on observation, the building electrical system is not being maintained safe. This coulod cause an interruption in service.					
		, 2016. on the power lines leading to growing up the side of the				
	7. Based on observation facility is not being it	vation, the exterior of the maintained.				
	Findings on May 31 Front porch handra rotten and need rep	il, fascia and rear siding are				

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